Module 8: TC Treatment Methods

Module 8 Goal and Objectives

Goal: To learn about TC treatment methods designed to encourage prosocial and psychological change in residents.

Objectives: Participants who complete Module 8 will be able to

- Define "affirmations," "pushups," and "privileges"
- Define "sanctions" and explain their purpose
- Define "verbal correctives" and name at least three types
- Define "interventions" and name at least five types
- Name and describe at least three types of educational groups
- Name and describe at least four types of clinical groups
- Give at least five examples of provocative and evocative group process tools
- Explain the three major phases of the encounter group process
- Describe at least one way staff members can facilitate group process.

Content and Timeline

Introduction	20 minutes
Presentation: Overview of TC Treatment Methods	5 minutes
Presentation: Community Tools	60 minutes
Exercise: Community Tools	45 minutes
Break	15 minutes
Presentation: TC Groups	30 minutes
Presentation: Group Process Tools	30 minutes
Exercise: Role Play of Identification, Empathy, and Compassion	45 minutes
Lunch Break	45 minutes
Presentation: Encounter Group	30 minutes
Exercise: Mock Encounter Group	90 minutes
Break	15 minutes
Presentation: TCA Staff Competency—Understanding and Facilitating the Group Process	10 minutes
Summary and Review	20 minutes
Journal Writing and Wrapup	20 minutes
Total Time	8 hours

Slides	Notes
 **Module 8** TC Treatment Methods U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment www.samhsa.gov OH #8 –1	
 **Review** • Community-as-method • Self-help and mutual self-help • TC social structure and systems OH #8 –2	
 **Community Tools** **Reinforcers** • Affirmations • Pushups • Privileges **Sanctions** • Verbal correctives • Interventions OH #8 –3	

Slides	Notes
 **Exercise: Community Tools** • What tool do you think should be used? • Who uses the tool—peer or staff member? • How will the resident benefit from the intervention? • Explain your decision as it applies to TC views. • How will the community benefit from the intervention? OH #8 –4	
 **TC Groups** **Educational Groups** • Personal growth • Job skills • Clinical skills • Life skills • Reentry **Clinical Groups** • Encounter • Probe • Marathon • Static OH #8 –5	
 **Group Process Tools** **Provocative** • Used to challenge and confront **Evocative** • Used to support and encourage OH #8 –6	

Slides	Notes
 **Encounter Groups** Residents learn to • Show compassion and responsible concern • Confront reality • Be honest • Seek self-awareness • Resolve issues and concerns OH #8 – 7	
 **Encounter Group Phases** • Confrontation • Conversation • Closure OH #8 – 8	
 **TCA Staff Competency** Understanding and facilitating group process OH #8 – 9	

Slides	Notes
 **Journal Writing and Wrapup** • What new information or insight regarding TC treatment methods did you get from this module? • How do you think you can implement this new information in your TC role? • How are you feeling about your role in this training community? OH #8-10	
 **Prework for Module 9** • Review Resource Sheet #3-1: Case Study of Ray—Disorder of the Whole Person • Read and complete – Resource Sheet #9-1: Case Study of Ray at Work – Resource Sheet #9-2: Structure Board OH #8-11	

Resource Sheet #8-1: Community Tools

Community Tools	Notes & Examples
Reinforcers **Affirmations and Pushups** Affirmations are oral encouragements offered spontaneously by peers to acknowledge one another and their efforts to change. Pushups are similar to affirmations but are used to encourage and reinforce any sign of progress in a resident who is having trouble. **Privileges** Privileges are explicit rewards given by staff members to acknowledge positive changes in behavior and attitudes as well as for overall progress in the program. **Sanctions** **Oral or Written Correctives** Oral correctives are instructions or statements delivered by both peer and staff members to facilitate learning when residents do not meet TC expectations for recovery and right living. Oral correctives are primarily peer (but sometimes staff member) reactions to behavior that may not violate TC rules but is still unacceptable. *Oral pullups* • Are statements from one or more peers to remind a resident of a lapse in expected behavior or attitude • Require the person receiving the pullup to – Listen without comment – Immediately display the correct behavior	

Community Tools	Notes & Examples
– Express thanks for the feedback. *Bookings* • Are written notes, submitted by peers or staff through the proper chain of communication, that raise the community's awareness of a resident's negative behavior or attitude • Also are called "written pullups." *Talking-tos* • Are stern oral correctives delivered by a peer under staff supervision • Point out the inappropriate behavior and how it affects the resident and the community • Generally occur after pullups and bookings have failed to change behavior. *Reprimands* • Are sometimes called "oral haircuts" • Are the most severe oral correctives • Are given by staff only and are delivered in a critical tone with punitive intent • Require the resident to stand quietly in front of the staff member and several peers, picked by staff members, and listen respectfully while making eye contact. **Interventions** Interventions are consequences decided by staff members for the violation of a rule or when a resident consistently fails to meet TC expectations. ***Interventions for minor infractions*** *Learning experiences* **$** Are special assignments tailored to the resident to help him or her achieve a specific behavior or attitude.	

Community Tools	Notes & Examples
Demotions **$** Are changes to a lower status in work hierarchy, usually the result of negative attitudes **$** May be a transfer from a double room back to a dorm room for a violation of a minor rule. *Speaking bans* **$** Are used to interrupt negative communication **$** Require one or more residents to refrain from speaking to certain others for a given period. *Losses of privileges* **$** Are commensurate with the severity of the offense and the resident's stage in the program **$** Are effective only if the resident *cares* about the privilege. ***Interventions for major infractions or serious problems in the community*** *Losses of phase status* **$** Are also called being "shot down" **$** Move the resident back one or more phases in the program. *House changes* **$** Involve transferring a resident to another facility **$** May be appropriate when the behavior problem seems specific to a particular facility **$** Are more strategic than punitive **$** May be combined with other disciplinary action. *Administrative discharges* **$** From the program occur for violating a cardinal rule, repeatedly violating other rules, or posing a threat to the safety of community residents **$** May include referral to another TC or to a different treatment modality.	

Community Tools	Notes & Examples
House bans **$** Take away all privileges from all facility residents for a period **$** Are used when negative attitudes are pervasive in the facility **$** Make all residents suffer for the misbehavior of a few **$** Remind every resident of his or her responsibility for maintaining the TC's therapeutic atmosphere. *Bench* **$** Typically signifies that a resident is being separated from the community and may be asked to leave **$** Is used when – A resident has violated a serious rule – A resident wants to leave the TC to o Give him or her a chance to think about his or her decision o Separate him or her from the community at a time when he or she may have a negative effect on others – A resident seems dangerously angry or agitated, as a timeout – A resident needs to be separated from the community for his or her or others' safety for any reason. *Relating booth* **$** Is a desk with two chairs in a TC common area **$** Requires a resident who has committed an infraction to sit in one chair for a period and talk to another resident who reviews the person's behavior or attitudes and reminds the person of the concepts of recovery and right living **$** May require an "intercessor" or mediator to ensure that the communication is open and healthy **$** Also is used to train residents in positive interpersonal skills.	

Resource Sheet #8-2: Sample Intervention Form

Name of the resident	
Date	
Behavior to be changed	
Description of the intervention	
Rationale: Clinical/therapeutic value	
Outcome: What happened	
Resident's comments about the reason for the intervention and the outcome	

Resource Sheet #8-3: Exercise—Community Tools

Instructions

Discuss the following questions for each scenario. Refer to Resource Sheet #8-1 for a review of community tools.

- What tool do you think should be used?
- Who uses the tool—peer or staff member?
- How will the resident benefit from the intervention?
- Explain your decision in terms of the TC views of the disorder, the person, recovery, and right living.
- How will the community benefit from the intervention?

Scenarios

Scenario 1

Ron has been in the program for 3 weeks. He has kitchen cleanup duty, and he has not put the cookware away correctly. Sam is a staff member and sees what Ron has done. What should Sam do?

Scenario 2

Andrea, a staff member, sees Rae, a resident, sleeping during a group meeting. What should Andrea do?

The next day Andrea again sees Rae sleeping in a group meeting. What should Andrea do?

On the third day, Rae answers Andrea in a hostile manner after Andrea asks her a simple question. What should Andrea do?

Scenario 3

Linda has been in treatment for 2 months. She has difficulty waking up on time and is typically late for breakfast. Her peers have spoken to her and have challenged her in encounter group. She says she wants to get up on time but is just too tired. She says she is "not a morning person." What would you, as her counselor, do?

Scenario 4

Linda continues to oversleep almost every morning. She has been given both oral and written pullups, but she has not changed her behavior. In addition, she is increasingly late to seminars and meetings. Her counselor is frustrated and comes to you, her supervisor, for advice. What would you do?

Scenario 5

Samantha was given oral pullups about her continued unwillingness to perform her commissary job functions. She blames others for her problem. The other residents of the commissary have submitted written pullups about Samantha's performance. As her counselor, what would you do?

Scenario 6

Daniel has been in treatment for 9 months. He accompanied a junior resident out on a pass and allowed him to deviate from the conditions of the pass. Daniel did not report this deviation on returning to the program. The junior resident reported the deviation 3 days later out of feelings of guilt. Once confronted, Daniel acknowledged the deviation. You are the director of the TC. What would you do?

Resource Sheet #8-4: Group Process Tools

Group process tools are used to

- Stimulate emotional reactions and self-disclosure
- Break down denial and increase self-awareness
- Promote participation in the group process
- Demonstrate and practice responsible concern for self and others.

Provocative Tools	Evocative Tools
Controlled hostility or anger: Expressing angry feelings to intensify awareness. *Engrossment:* Exaggerating behavior to penetrate denial. *Humor or mild ridicule:* Promoting laughter so residents recognize their false social images, prejudices, and stereotypes.	*Identification:* A feeling of relatedness between two people who have had a common experience and share similar feelings. Identification is demonstrated when residents express that they understand the feelings of another resident because they have had a similar experience. *Compassion:* A feeling of concern for a person who is suffering. Compassion is demonstrated when a resident comforts another who is experiencing painful emotions. *Empathy:* The ability to put oneself in another's shoes and convey an understanding of his or her feelings. *Affirmation:* Words and gestures of support, encouragement, and approval to acknowledge residents' efforts to learn and change.

Provocative and Evocative Group Process Tools
Projection: Observing and interpreting behavior based on one's thoughts and feelings. *Pretend gossip:* Talking about a resident as if he or she were not present to provide feedback without direct confrontation. *Carom shot:* Speaking to another resident who has a similar problem with a third resident to avoid direct confrontation with the third resident. *Lugs:* Mildly criticizing to raise awareness without causing a resident to become defensive.

Resource Sheet #8-5: Role Play of Identification, Empathy, and Compassion

Scenario 1

Jennifer

Jennifer has been in Phase 1 of Stage II for 3 months and expects to advance to Phase 2. However, she has not followed program rules and has not spoken in encounter groups. Staff members decide to hold her in Phase 1 and provide her with specific behavioral goals to achieve before advancing to the next phase of treatment.

When Jennifer became aware she was being held back, she ran out of the room and told Freda, her counselor, that she wanted to leave. She went to her room to pack her things.

Freda

Freda went to Jennifer's room, found her angrily gathering her belongings, and attempted to calm her. Freda explained the decision in terms of the TC views of the disorder, the person, recovery, and right living. To help Jennifer understand the benefits of the decision, Freda scheduled a group meeting with three other residents who also have experienced being held back.

Residents

Resident #1 is a new TC resident and expresses compassion.
Resident #2 is a peer and expresses identification.
Resident #3 is a senior resident and expresses empathy.

Observer

One participant serves as observer to provide feedback on what went well and what could be changed during the role play.

Begin the role play with Freda explaining the reasons why Jennifer will not advance to Phase 2 of treatment.

Scenario 2

Mario

Mario has been in the TC for 12 months and has been seeking employment actively for 5 weeks. He has submitted numerous applications throughout the city.

Mario interviewed for a position as a front-desk attendant in a hotel and was optimistic that he would get the position. He contacted the hotel after 1 week and found out that he had not been chosen.

Ken

Ken is Mario's counselor. He noticed Mario was upset and asked him what happened. Mario shared his disappointment and frustration with Ken. Ken asked him to share what happened with three other residents who also are looking for work.

Residents

Resident #1 expresses compassion.
Resident #2 expresses identification.
Resident #3 expresses empathy.

Observer

One participant serves as observer to provide feedback on what went well and what could be changed during the role play.

Begin the role play with Mario expressing his disappointment and frustration.

Resource Sheet #8-6: Mock Encounter Group

See Resource Sheet #8-4 to review group process tools.
Use these tools in the mock encounter group.

Mock Encounter Group Seating

- Arrange the chairs in a circle (with no empty seats).
- The person to be confronted sits opposite the person who will confront him or her.
- Residents representing peer strength and residents who have been in the TC for more than 6 months sit next to the person being confronted.
- The facilitator sits in a chair that is equidistant from the confronter and the person being confronted.

Rules of the Mock Encounter Group

- Do not threaten, verbally attack, or call anyone names.
- Do not help the person being confronted.
- Do not leave the room or engage in side conversations.
- Use language that expresses your true feelings.
- Be completely honest and show responsible concern for all members of the group.

Mock Encounter Group Phases

Confrontation

- The facilitator asks the resident who wrote a slip to state his or her observations and reactions to the resident's behavior (a slip is a written concern a resident has about another resident).
- Encounter group members may provide additional observations.
- Provocative tools are used to focus on the issues and to evoke the feelings of the person being confronted.
- The resident being confronted is expected to listen and respond to his or her peers' comments.
- The confrontation phase is over when the resident acknowledges and accepts the group's reaction to his or her behavior.

Conversation

- Encounter group members encourage the resident being confronted to focus on the behavior or attitude being discussed.
- Encounter group members encourage the resident to talk about his or her feelings.

- Encounter group members use evocative tools to deepen the resident's understanding of the problem.
- The conversation phase is over when the resident displays an understanding of the confrontation. He or she will

  – Label his or her feelings
  – State his or her self-defeating pattern of behavior or attitude
  – Ask for help in making personal changes.

Closure

- Encounter group members provide positive encouragement, feedback, suggestions, and support to the resident being confronted.
- Suggestions are given to help the resident learn how to enact positive changes.
- Encounter group members speak with warmth, support, and affirmation to balance the first two phases.
- The closure phase is over when the resident makes a commitment to change and states what he or she will do differently.

Role of the Staff Person

- Supervise the preparation and selection of residents.
- Facilitate the process (if this is the practice in your TC).
- Observe the process and residents' reactions and behaviors.
- Obtain feedback from other staff members and/or senior residents if you had to be absent from the group.
- Decide whether and when emergency intervention is required.

After an Encounter Group Session

- It is important for the entire TC to participate in 30 minutes of socializing (snacks are provided) to continue the closure phase of supporting, affirming, and encouraging residents to change their behaviors and attitudes.
- Senior peer role models reach out to residents who may be upset about their experience.

Scenarios

Scenario 1: Demonstration

Lou is 22 years old and has been a TC resident for 2 months. He is assigned to the kitchen crew. For the past 2 weeks, Joe has pulled him up on a daily basis for sitting down during kitchen cleanup. His behavior has not changed, and Joe has written a slip about Lou that Joe reads at the beginning of the encounter group.

The role play begins when Joe says to Lou: "Lou, I am concerned about you. I have asked you every day to help with kitchen cleanup, but you ignore me. I am worried about you because you don't seem to be participating. You are sitting down when everyone else is still working."

Other crewmembers state their observations, explain their frustration because Lou is not doing his work, and express their concern for him.

Participants who are experienced TC staff members play Lou and Joe. They demonstrate the encounter group process of confrontation, conversation, and closure.

The facilitator, played by the trainer

- Arranges the seating
- Begins the mock encounter group by reviewing the rules
- Asks Joe to speak directly to Lou about his behavior
- Leads the group encounter process through the three phases: confrontation, conversation, and closure, using group process tools.

Other participants may participate and use the group process tools listed in Resource Sheet #8-4.

Scenario 2: Tanya and Marie

Tanya is 38 years old. She has been a resident of the TC for 5 months and is assigned to be an expediter. This is the second TC she has been in. She dropped out of the first program 4 years ago, relapsed within 6 weeks, and started using crack cocaine again. Marie also has been in the TC for 5 months and is the head of the kitchen department.

The role play begins when Marie says to Tanya: "Tanya, you have been dropping hints that you don't think you need to complete the program and that it is time to leave. I am concerned about you and worried that you will start using drugs again. When you say you are going to leave, I feel that you don't care about us and that you are thinking only about yourself."

Other residents state their observations, explain how Marie's comments and behavior are affecting them, and express their concern for her.

Participants who are new staff members play Tanya and Maria.

The facilitator

- Arranges the seating
- Begins the mock encounter group by reviewing the rules
- Asks Marie to speak directly to Tanya about her behavior
- Leads the group encounter process through the three phases: confrontation, conversation, and closure, using group process tools.

Other participants may participate and use the group process tools listed in Resource Sheet #8-4.

Summary of Module 8

TC treatment methods consist of community tools, specific techniques that include reinforcers and sanctions, and group process tools that include provocative and evocative tools.

Community Tools

(Specific techniques are described in Resource Sheet #8-1: Community Tools.)

Community tools are specific techniques that include reinforcers to encourage prosocial behaviors and sanctions to discourage rule-breaking behavior.

Reinforcers

Reinforcers include

- Affirmations
- Pushups
- Privileges.

Affirmations and pushups are important because they not only encourage change in the person receiving the feedback but also serve as a self-reinforcer to the resident giving the affirmation or pushup.

Changing one's behavior to seek privileges is the first step of a process that leads to internalized change. Tangible privileges act as incentives for residents to try new behaviors; once a resident engages in a new behavior, he or she is likely to find it reinforcing socially and emotionally. The behavior then becomes personally relevant and valuable and can be internalized.

Sanctions

Sanction is a general term used to include consequences for self-defeating behaviors and attitudes. Sanctions provide the opportunity for residents to learn from mistakes. The entire community is made aware of sanctions that are delivered, providing vicarious learning for residents and strengthening community cohesiveness. Peers are expected to detect, confront, and report violations of rules and self-defeating behaviors and attitudes. This is critical to the self-help and mutual self-help learning processes.

Sanctions include oral or written correctives and interventions.

Oral or written correctives include

- Pullups
- Bookings
- Talking-tos
- Reprimands.

Interventions are consequences decided by staff members for violations of rules or when a resident consistently fails to meet TC expectations. Interventions vary in severity depending on the TC rule that has been violated. The staff member's objective is to use the least severe consequence necessary to maximize learning. Interventions are not punitive but are part of the learning process. The desired outcome, usually a behavior change, must be clear. If the intervention does not result in a change of behavior, another community tool must be used.

Staff members are expected to explain the rationale for their decisions in terms of the TC view of the disorder, the person, recovery, and right living. Interventions must be documented in the resident's record and must be justified clinically.

Interventions for minor infractions include

- Learning experiences
- Demotions
- Speaking bans
- Losses of privileges.

Interventions for major infractions and serious problems in the community include

- Losses of phase status
- House changes
- Administrative discharges
- House bans
- Bench
- Relating (or confrontation) booth.

Groups in the TC

TC groups can be classified as educational or clinical.

Educational Groups

Educational groups encourage personal growth, provide work-related skills training, teach the group process, and include

- Personal growth groups to teach residents how to explore concepts in an intellectual or conversational format
- TC job skills groups to teach residents about specific jobs required in the TC and the proper way to perform these jobs
- Clinical skills groups to teach new residents how to use group process tools via simulated or mock encounter groups
- Life skills groups to teach specific skills that residents need to succeed in mainstream society
- Reentry groups to prepare residents to move back into the community.

Clinical Groups

Clinical groups provide residents with the opportunity to

- Express intense emotions
- Gain insight into their behavior and that of other residents
- Relate to other residents' experiences and situations
- Receive healing affirmations from peers and staff
- Model appropriate group behavior
- Exhibit leadership.

A set of rules applies to all TC clinical groups to protect the psychological and physical well-being of residents. These rules prohibit

- Physical violence
- Oral threats or gestures of violence
- Cultural stereotyping
- Disclosure of information outside the TC.

Clinical groups include

- Encounter groups to help raise residents' awareness of their self-defeating behaviors and attitudes
- Probe groups to obtain information from residents about critical events that have occurred in their lives
- Marathon groups to enhance residents' motivation to address critical issues in their lives and begin the process of resolving experiences that have impeded their growth and development
- Static groups to support a small group of people on a specific issue and to monitor their change over time.

Group process tools

(Specific techniques are described in Resource Sheet #8-4: Group Process Tools.)

Provocative tools are used to challenge and confront residents and include

- Controlled hostility or anger
- Engrossment
- Humor or mild ridicule.

Evocative group process tools are used to support and encourage residents and include

- Identification
- Compassion
- Empathy.

Group process tools that are both provocative and evocative include

- Projection
- Pretend gossip
- Carom shot
- Lugs.

TCA Staff Competency—Understanding and Facilitating the Group Process

Groups in the TC play a significant part in the change process. The peer encounter group is the main therapeutic group format, although other group formats are used. In groups, residents learn about themselves and the recovery process by identifying and coping with feelings about people and life situations.

The TC group process addresses the underlying issues and the wide range of psychological and educational needs of residents that arise during work and when living in a community. Groups focus on peer interaction that reinforces the self-help and mutual self-help processes. Feedback from other residents is an essential part of the group process for fostering change. Staff members and senior residents serve as facilitators of the process.

Staff members can facilitate the group process by

- **$** Keeping the group on track to prevent it from taking a negative direction
- **$** Ensuring the psychological and physical safety of group members by enforcing group rules
- **$** Engaging inactive residents in the group process
- **$** Allowing residents to do most of the "work" in a therapy or process group; facilitator input should be minimal.

Review of Module 8

In your small group, discuss and quiz one another on the following (feel free to take notes on this page). Can you

- **$** Define affirmations, pushups, and privileges?

- **$** Define and explain the purpose of sanctions?

- **$** Name and define three types of verbal correctives?

- **$** Name and define five types of interventions?

- **$** Name and describe three types of educational groups?

- **$** Name and describe four types of clinical groups?

- Describe five examples of group process tools?

- Name and describe the three phases of encounter groups?

- Describe at least one way staff members can facilitate the group process?